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AUTHOR Tentoni, Stuart C.; And Others
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ABSTRACT

Four papers from a panel discussion on the topic of doctoral practicum counseling students are presented in this document. The first paper "Professional 'Mentoring' of Doctoral Practicum Students: An Emerging Supervisory Paradigm" by Stuart C. Tentoni describes the author's academic training and experience which relate to the desire to become a mentor. The second paper "'Mentoring' Versus Traditional Models of Supervision: Doctoral Trainee Perspective" by Michael A. McCrea describes his experiences in placement experiences as a clinical psychologist trainee, focusing on the type of supervision. The third paper "Mentoring: A Professional Approach to Supervision" by Catherine G. Thomas describes her experiences in a co-counseling relationship, a mentoring style of practicum experience. She concludes that mentoring was exactly the supervisory relationship that she needed to finish her educational experience feeling more prepared for the professional world. The fourth paper "Professional Mentoring of Doctoral Practicum Students: An Emerging Supervisory Paradigm" by Richard N. Shulik presents the author's reactions to the previously presented material. He concludes with questions about the mentoring paradigm: how does one develop or improve mentoring skills and what does the mentoring paradigm offer to the graduate student who cannot be mentored or does not wish to pursue that type of supervisory experience. (ABL)

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Professional "Mentoring" of Doctoral Practicum Students: An Emerging Supervisory Paradigm

Stuart C. Tentoni, Ph.D.

Michael A. McCrea, M.S.

Catherine G. Thomas, M.A.

University of Wisconsin-Milwaukee

Richard N. Shulik, Ph.D., A.B.P.P.

Dartmouth-Hitchcock Medical Center

Concord, New Hampshire

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PROFESSIONAL "MENTORING" OF DOCTORAL PRACTICUM STUDENTS:

AN EMERGING SUPERVISORY PARADIGM

Stuart C. Tentoni, Ph.D.

Good morning, and welcome to "Professional Mentoring of Doctoral Practicum Students: An Emerging Supervisory Paradigm". I am Stu Tentoni, of the University of Wisconsin-Milwaukee. The other members of this panel are Michael McCrea and Catherine Thomas, and Dr. Richard Shulik is serving as our Discussant.

My first order of business is to thank the following A.P.A. divisions for accepting and sponsoring this symposium: Divisions 2, 12, 14, 16, 17, 28, and 30. Since I come from a state belonging to the Lotto America consortium, I plan to use these division numbers as my next lottery ticket picks !!!

Before actually getting into my portion of this symposium, I feel it is important to share with you the history of this presentation, as this is the net result of a number of different vectors that all converged last year.

The first factor involved was my own academic training, being a product of the 1970's. I had wondered during my own doctoral training exactly how I was going to turn my knowledge into actual skill. Students further ahead of me in the program tried reassuring me by giving me two valuable pieces of advice: 1) "Don't worry.....that's what your practicum is for !"; and 2) "Don't worry.....that's what your internship is for !!" My practicum and internship supervisors provided fairly typical and traditional supervision through audiotape critique, one-way glass observations, and case conferencing. However, neither supervisor could offer me much advisement or guidance on becoming a professional psychologist. Each told me, "Don't worry.....that's what your first job is for !!!" Somehow, that ideology struck me as being very unfair to my first employer.

The second factor entering into play was my prior experience supervising

practicum students in the 1970's, using a "bug-in-the-ear" communication system that allowed me to speak with students during their sessions. In fact, so that the whole truth can finally be known, I owe my ability to complete my doctoral studies to the Republican Party. I was at North Texas State University in 1973, aimlessly searching for a dissertation topic and doing so while watching the Senate "Watergate" hearings on television. At the time, Alexander Butterfield testified how he had bugged the Oval Office in the White House, and he showed examples of the electronic equipment he used and explained its workings. It struck me how much more potential learning could take place if I could talk to trainees while they conducted sessions. So, in short, you are looking at the last person on Earth who owes a debt of gratitude to Richard Nixon's beleaguered presidency !!!!!

The third factor involves my own background as a practicing clinical psychologist, working 11 years for a county human services department from 1978 to 1989. I was often involved in the recruiting and selection of psychologists to join our staff when vacancies arose, and I found myself wondering where I could find a young, new Ph.D. with the experience of a 20 year veteran in the field.

The fourth factor was attending a continuing education workshop at the 1990 convention in Boston, presented by Cal Stoltenberg. Stoltenberg's work involved supervision of trainees and supervisors from a developmental perspective. Stoltenberg and Delworth (1987) proposed a 3-level model for both supervisors and trainees. Level 1 supervisors tend to be anxious and/or naive. They want to do the "right" thing and be effective in their role. Their approach to supervision is mechanistic and they play a strong role as "expert". Level 2 supervisors see the process of supervision being more complex than they imagined, with these individuals typically just beginning their own careers, with supervision as a duty, and they feel confused and in conflict. Level 3

supervisors are consistently motivated in supervising and want to improve their performance, with supervision being only one role they have among many. Stoltenberg added a classification of a Level 3 integrated supervisor, or a "supervisor's supervisor", a person comfortable with supervisors or trainees at any level. These people are also noted for their integration of ideas and skills.

The last factor is one that is more personal and important to me. I have worked in every conceivable setting, with every conceivable medical or psychiatric diagnosis, and with every ethnic and gender of clientele. There are a lot of things I have learned in 18 years of clinical practice - things that one cannot learn in an academic setting. The clinical practice of psychology has its own history and language, along with its subtle nuances, and it has its own "culture" or "folklore" about it. The only way to accurately describe what professional practice was like before the advent of managed health care was to have lived and practiced during that time. I wanted mentoring to become a situation in which I could pass along the knowledge, traditions, and "culture" of clinical practice during my professional generation, lest it be forever forgotten.

The combination of all these factors led me to conclude that the young psychologists with recent Ph.D.s, possessing the experience and wisdom of 20 year veterans in the field did not exist. If they were to exist, they would have to be made. That, in short, is how I arrived at wanting to "mentor".

It has become quite apparent that psychology training programs have undergone an evolution, as the knowledge base has grown significantly over the past 20 years. The nature of professional practice has also changed significantly during that time as well, now that "managed health care" has entered the professional lexicon. However, I cannot categorically state that the nature of supervision has changed all that much, and found myself wondering what could be done to make a practicum experience more meaningful to all concerned.

In order to illustrate training evolution, I would like to read to you the

following quote, written by Dr. Samuel Osipow of The Ohio State University, regarding training and predoctoral experiences of new professionals in counseling psychology being substantively different now than in his era. The quote comes from the January 1992 issue of The Counseling Psychologist.

> "I would estimate that I took my first postdoctoral counseling center job at about the skill level of most beginning interns. I knew less (maybe there was less to know, however) about counseling practice. Probably I felt uneasy my first year on the job because I intuitively doubted my knowledge and skills to do the task adequately. However, my first job provided a structured supervision in a way that created a wonderful learning atmosphere, which my more senior colleagues generously and effectively provided." (p. 105)

Dr. Osipow's article was written in response to the experiences of new, middle, and later career counseling psychologists in a variety of settings. Buckner (1992); Courtois (1992); and Phelps (1992) had written of their experiences in the field and how they would have found "mentoring" useful. Buckner felt that a mentor could help a private practitioner prepare for the state exam, as well as in understanding the political issues and process in one's state. Courtois indicated that older professionals with full-time experience in a private practice setting were rare, therefore, new and early practitioners had less access to guidance from a mentor. Courtois felt that mentors should address both the costs and rewards of the private practice setting without glorifying it or denigrating it. Phelps was of the opinion that graduates are provided with the clinical skills and didactic information, but this does not help a graduate make the transition to being "professional". Phelps indicated that mentoring relationships could provide an additional dimension of personal support in one's quest for a "professional identity". If I can be so bold to respond to Dr. Osipow: Your first job situation was the wonderful learning atmosphere in which your more senior colleagues generously and effectively provided you because.....they were mentoring you !!

The psychological profession has generally been of the opinion that an effective therapist will be an effective supervisor. But, the supervisory experience has not undergone the same degree of evolution as has the core curriculum. Some of might not be aware that some changes may occur with respect to the time requirements spend in practica (Davis, Alcorn, Brooks, & Meara, 1992). The A.P.A.-accredited standard of 400 hours could go up to 600 hours, or even 900 hours, and require up to 300 hours of direct supervision. Increases in time requirements would only serve to dilute any meaningful supervision that could occur, unless a supervisor worked in a position requiring little else but supervision.

Perhaps one way to make the time for supervision go further and become more meaningful is to make the jump to "mentoring". Mentoring has been used effectively in the areas of teacher training and administrative leadership in education. Under a mentoring system, new teachers or school principals are assigned to a more experienced individual already in that professional role. The mentor then serves to integrate the novice into that professional role or identity.

The word, "mentor", has its origin in Homer's epic, The Odyssey. In this poem, Odysseus had been off fighting the Trojan War and had entrusted his son, Telemachus, to his friend and advisor, Mentor. Mentor had advised and served as guardian to the entire royal household, and accompanied Telemachus on the journey in search of his father and for a new and fuller identity.

The account of Mentor in The Odyssey leads to several presumptions about the activity named after him. It is an intentional process; a nurturing process fostering the growth and development of Telemachus to full maturity. It is an insightful process, in which Mentor's wisdom is acquired and applied by Telemachus, who grew wise without rebelling. It is a supportive and proactive process.

Alleman (1986) believed that a "mentor" is a person of greater rank or

expertise, who teaches, counsels, guides, and develops a novice in an organization or profession. There are nine mentor functions: 1) providing general information; 2) providing political information; 3) providing challenging assignments; 4) counsels; 5) helps with career moves; 6) develops trust; 7) protects; 8) showcases protege's achievements; and 9) develops a personal relationship/friendship. Zey (1984) defined a mentor as a person overseeing the career and development of another person, through teaching, counseling, support, protecting, promoting, and sponsoring. The mentor can perform any or all of the above functions, and Zey's model was that which I attempted to use in providing mentoring. In using Zey's model, I chose to add another function, that being to inject a degree of passion into the role of being a "professional psychologist" so that the students could feel some excitement about their academic year.

The first step in mentoring two practicum students this past academic year was to hold an initial interview with each in order to find out what type of experiences they wanted to have during the year and if those experiences would fit into their individual courses of study. This step was essential in empowering them to structure this experience. I had also hoped that each was settling into a philosophical orientation.

Each student was included in on my initial assessment of clients and each was referred to as an "associate" in explaining the supervisory situation to student clients prior to their being seen. The student clients maintained the right to ask that they only be seen by me, with a total of 3 out of 50 students declining to permit the "associate" to sit in; with one student client refusing to permit me to sit in. I wanted the students to be seen as "associates", as I find the term "trainee" or "practicum student" to be very confining and possibly causing some lack of confidence problems with student clients in their acceptance of a "trainee" or "student" in the session with them.

The intake sessions and subsequent therapy sessions became "co-experiences", as the "associates" had the opportunity to be both observers and participants. This type of experience allowed for a quicker processing of the intake or therapy session, as we both had the same reference point by virtue of being in the same room with the same client. The "associates" were then able to process their concerns as both observer and participant, making for an invaluable learning experience. The sitting in on sessions allowed the "supervisory time" to be utilized for additional activities, like keeping up-to-date on therapeutic models of functioning, plus political and professional developments occurring within the field.

My ultimate vision for the "associates" was to assist each in gaining a true professional identity now, rather than having to wait until the internship; and to be able to develop this professional identity irrespective of their "academic standing". Mentoring can make one's academic ranking irrelevant, as no such distinction can be made between the real clients who appeared at our health center to be seen for treatment as being appropriate to be seen by a "practicum student" or an "intern".

Our work in mentoring represents a "pilot study" at our institution because it was used as a supervisory model. The experience was "student-focused", more so than each student expected, and it met the needs of our student clients. I learned that the use of a mentoring model allowed for a powerful learning experience in doing live supervision. The supervisory experience is just not the same if listening to a tape recording, or watching a video; or watching through one-way glass; or using a "telephone system" or even "bug-in-the ear" techniques. Co-therapy experiences stretched the limits of learning for the students being mentored.

It would be professionally irresponsible to believe that mentoring can have a universal impact in all environments. We encountered less of a problem

using it with our student client population than was originally anticipated. It may work well in state, county, or federal hospital or clinic settings, as these places often serve as training sites for a variety of health care providers. Mentoring may not work as well in the private practice setting, as the full-time private practitioner may find no incentive or time to provide the type of mentoring suggested by Buckner (1992) and Courtois (1992), in their wanting to be prepped for licensing examinations or in learning more about private practice as an option. Private practice clients might not be amenable to having another therapist sitting in. Similar limitations could exist in managed health care systems, although that is only speculation. The only problem offering mentoring of this nature in a university setting is whether university administrators would place a value and an emphasis upon hiring qualified, experienced practitioners as faculty members. The trend is to hire those with established research or funding programs. Hiring experienced practitioners would lead to students gaining greater practice skills at an earlier stage of their doctoral programs.

A last issue to discuss was brought up by Weigel and Lamb (1992) in their responsory article to Buckner (1992); Courtois (1992); and Phelps (1992), which appeared in the January 1992 issue of The Counseling Psychologist. Weigel and Lamb concluded that individual graduate programs may be communicating values and expectations that are incompatible with the values of their students, which is why Buckner, Courtois, and Phelps did not perceive they were being mentored in their respective graduate programs. Contrary to Weigel and Lamb's opinion, it is my contention that the real reason graduate students are not perceiving the mentoring being done is two-fold. First, a role as a faculty member is not always collegial with the role of a student, due to the power differential between the two roles. Secondly, in an article by Ochberg, Tischler, and Schulberg (1986) appearing in Hospital and Community Psychiatry, mentors and

mentees disagreed as to the central components of mentoring. The mentors tended to emphasize their function as sponsors, while mentees gave greater weight to role-modeling. As supervisors, perhaps it is time to do both, and to do both with a renewed degree of passion.

This concludes my portion of this presentation. Since I am considering myself to be a "mentor", my function at this symposium is to promote, sponsor, and showcase those in my charge. In order to carry out these objectives, I consider it to be both an honor and privilege to re-introduce you to my "associates", Michael McCrea and Catherine Thomas, who will tell you what it was like to be mentored, to be followed by Dr. Shulik's commentary.

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"Mentoring" Versus Traditional Models of Supervision:

Doctoral Trainee Perspective

Michael A. McCrea, M.S.

Thank you, Stu, and at the risk of being slightly redundant, I also would like to thank those sponsoring divisions of A.P.A., as well as all of you in attendance this morning.

As in the title of this presentation, I am a doctoral student in clinical psychology at the University of Wisconsin-Milwaukee. I am currently at the dissertator stage of the game, preparing to go on internship next fall.

As part of my clinical training, I was required to complete many semesters of coursework and applied practica in psychological assessment and psychotherapy. Additionally, I was also required to complete other clinical community placements in outside agencies prior to my working with Stu.

During these placement experiences, I was often exposed to traditional models of clinical supervision which tended to be highly technical in nature, with the greatest emphasis on my acquisition of specific skills thought by the supervisor to be essential to me doing effective assessment and psychotherapy. Quite often, supervisors observed my clinical experiences from behind one-way mirrors, or later on by viewing videotapes or listening to audiotapes. In most cases, supervisory comments and suggestions were made sometime later. This model of supervision did fit quite smoothly with what the "do's and don't's" of a clinician may be in regards to such issues as proper gesturing, paraphrasing, and specific interventions. Supervisors were helpful in commenting on certain behaviors that I may or may not have been engaging in during a therapy session, and subsequently made helpful suggestions on what type of intervention may be more effective or therapeutic in similar future situations. However, I often walked away from these supervisory

sessions feeling that I was missing the understanding of the many intricacies of psychologically relevant dynamics that had evolved during the therapeutic session. As a result, I repeatedly became frustrated and discouraged with what I saw as my "inability" to get in tune with or grasp the role of the psychotherapist. I found myself with the problem that I was not connecting with clients on an emotional level, despite doing many of the "technical things" correctly. Specifically, I often found that the experiential component of the therapy session was left behind and difficult to recapture because of the time-latency between the session and the supervision. Frequently, I did not feel as though traditional supervision was facilitating my awareness, and perhaps more importantly, my processing of personal emotions, dispositions, or prejudices as experienced in-vivo during the actual therapy session.

In defense of my past supervisors who adhered to the traditional model, they did what they thought was best in advancing my growth as a clinician. Because of the many demands placed upon them as instructors; research advisors; administrators; as well as practicing clinicians expected to produce in all capacities - there was simply not a great deal of time left over to spend in supervising my clinical psychotherapy work.

Interestingly, the clinical psychology program at the University of Wisconsin-Milwaukee has incorporated a team-mentoring approach to supervising graduate students. This approach involves teams comprised of a clinical psychology faculty member, and graduate students at all levels of advancement in the program, supervising clinical work early on in the clinicians' development. More importantly, the change in the supervisory paradigm required a shift in the priority placed on supervision - a shift in the direction of more supervision.

The "mentoring" model of supervision was aimed at my complete and diversified development as a clinician. This paradigm may be seen as more of a side-by-side relationship between the supervisor and myself as a trainee. My supervisor,

or "mentor", served as a supportive, professionally nurturing role-model with the task of providing me with well-rounded guidance to mature as a therapist, as well in other capacities as a professional psychologist. From a therapy standpoint, there was an increased emphasis on the importance of co-professional experiences. Specifically, co-therapy, in which I worked jointly with the "mentor" was extremely helpful in my growth as a therapist. This has allowed me to be more involved in the therapeutic process, and perhaps more importantly, to be immediately aware of the dynamics of therapy as both participant and active observer. From a supervision standpoint, now both "mentor" and myself were provided with a common reference point as to the experiential nature of a particular therapy session, including immediate awareness of personal emotions, beliefs, and biases triggered during the session, and how these may effect the therapeutic process.

This type of supervisory experience has been the most rewarding to date for me in gaining the awareness of the process of psychotherapy. In turn, this has greatly increased my confidence as a clinician, as I now feel that I am more capable of and effective in identifying and handling the subtler nuances of the therapeutic process. The experience gained through the exchanges between myself and the "mentor" have me no longer feeling as though I am fumbling the ball or simply going through the motions. I now feel a greater connectedness with the client and each session's dynamics, which will ultimately make me a better clinician.

I would like to dismiss some of the myths associated with this type of supervisory paradigm, especially concerning co-therapy. Quite often, it is presumed that the client will feel intimidated or even "ganged up on" when more than one therapist is present. My experience has been quite to the contrary. Only one time during the academic year did a client convey that they preferred only one therapist present. Others exhibited no reluctance

about the situation and actually appeared to be very comfortable with it during each therapeutic session.

Secondly, this was not a supervisory paradigm in which the "mentor" led the session and the trainee sat mute. Rather, the trainee was seen as the primary therapist by both the client and the "mentor", while the "mentor" served as an active participant or "guide" for me to key on. In this regard, the mentoring paradigm is not the typical co-therapy scenario you might find at the early stages in the clinical training progression, nor is it similar to the "live supervision" which is part of the model used by the Association for Counselor Education and Supervision (ACES [a division of the American Association of Counseling and Development]) or the Council for Accreditation for Counseling and Related Educational Programs (CACREP).

All aspects of the traditional supervisory model and the "mentoring" supervisory model considered, I conclude that the mentoring experience has better facilitated my growth as a therapist and more well-rounded professional clinician.

Now that we are into A.P.A.'s second century and very close to the 21st Century, if the practice of psychology is to continue advancing, the profession must not only call upon the training traditions established during the first 100 years. It must now develop and implement new training traditions as well, which "mentoring" may well represent. In closing, I would like to express my appreciation to the clinical psychology program at the University of Wisconsin-Milwaukee for its foresight and willingness to take the initiative and risk in creating what I hope will be an on-going new tradition in the future training of clinical psychologists.

It is now my pleasure to reintroduce to you a fellow student, Catherine Thomas, who will speak as to her experiences under the "mentoring model".

Mentoring: A Professional Approach to Supervision

Catherine G. Thomas, M.A.

Thank you, Mike; thank you, Stu; thank you to the sponsoring divisions and, last but certainly not least, thank you to those of you in attendance.

I come from a slightly different student background than Mike. I am a non-traditional student. I am slightly older (I know you're surprised; only slightly!). I am a parent. I worked for a few years before returning for additional education.

My professional experience is in University Residence Halls. I was a hall director and then a Coordinator of Student Development, providing educational programming and leadership development for residence hall students. I have also worked part time in a University Career Planning and Placement Center.

I approached my graduate work, including practicum, was from a professional and a student point of view. My professional experience had provided me with a range of counseling training, including training undergraduate, para-professional staff in helping skills (read "counseling skills"). I had dealt with a full spectrum of counseling experiences, from home-sick students to "successful" suicides. I had taken advantage of many professional development opportunities, such as workshops and conferences. My professional life and my education were very co-mingled.

Hence, when I reach the practicum stage, I sought a co-directed, professional experience. I was unmotivated by the rumored traditional practicums of tape recorded sessions with weekly reviews. I was similarly

unmotivated by supervisor-dictated experiences. I had many areas in which I wanted to further my learning and experiences. I sought a practicum opportunity that would recognize my background experiences and would utilize the unique talents that I bring to counseling.

Mentoring was then an unfamiliar concept to me, though Mentor's definition in Webster's dictionary, "a wise, loyal advisor", fit completely with my supervisory hopes. It was these attributes (wise, loyal, student focused) that I felt in my initial discussion with Stu; I remember the excitement that I felt when I realized that I could have a practicum experience that I could tailor to fit my interests and needs.

My initial mentoring experiences were quite challenging. Prior to even beginning my placement in the University's Residence Halls, Stuart had me directing the focus of my experience. He asked, "What kinds of experiences do you want from the coming academic year?" I then needed to think about potential growth areas, and the parameters of my practicum were set according to my student goals, as opposed supervisor goals.

As the semester began, supervisory interaction occurred mostly in two ways: co-counseling experiences and supervisory meetings. In the former, I was both an observer and a participant, having therapy role modeled by Stu and also practicing therapy myself, with Stu as an observer/participant. It was amazing how much I learned from these. Having my supervisor and myself, the trainee, experiencing the same client and concerns at the same time enabled us to process the experience immediately afterwards. Issues and resulting feelings were fresh, and insight seemed more powerful. These experiences gave me much confidence in contributing to subsequent co-counseling sessions and in proceeding with sessions on my own.

This experience contrasts sharply with the traditional supervisory method of taping sessions and evaluating later. As Mike mentioned, there just seemed to be something missing in traditional supervisory methods.

Additionally, because of our co-counseling relationship, I was able to become a part of counseling relationships that my site wanted refered to someone with more experience. In these instances, Stuart would be called in as the primary therapist, however I would be included in the session, introduced to the student as a "co-counselor". Hence, I could participate and, as often became the case, become familiar with the student's needs so that I could eventually work alone with the client.

The second type of supervisory contact was our supervisory meetings. These meetings included the traditional components of case management, assessment and feedback. However, without the "required" review of tape recorded sessions, supervisory meetings were free to explore other aspects of professional development. Resources were shared (professional journals, articles, conference information). Discussions centered around ethical issues in cases, for example, how the setting often dictates what can occur in interactions. The collegial discussion style often offered different potential approaches to concerns, which broadened my understanding of the helping profession. Finally, some of our supervisory meetings featured "unconventional activities". For example, we discussed looking through the Yellow Pages at the different human services listings or looking through the classified ads in the newspaper for psychology-related positions. These activities focused on many areas of my development as a professional, broadening my education in areas that classes don't traditionally touch.

The diverse individual sessions made practicum continually enjoyable and challenging. My professional growth occurred both in expected areas, as designed by my planned goals from pre-practicum, and in unexpected areas, as in ideas for direction with my career.

Overall, there is one key concept that makes mentoring, as I experienced it, extremely successful: the supervisor/instructor must be a skilled practitioner. Stu's skills, and his willingness to practice these skills in front of Mike and I in co-counseling sessions, enabled us to see a quality practitioner at work. Additionally, Stu was receptive to feedback and to discussing why he did what he did. I recognize that this takes a degree of confidence from a supervisor, and I thank Stu for having this confidence to mentor us.

In conclusion, mentoring was exactly the supervisory relationship that I needed to finish my educational experience feeling more prepared for the professional world. Mentoring had me working <u>with</u> an experienced colleague and sharing in his wisdom, as opposed to working <u>for</u> an experienced therapist. It has helped me to feel more inside of the profession, as opposed to being a student trying to figure out how to gain admittance. Most importantly, however, I feel ready to step into my first post-graduate position as an "up and running" professional, as opposed to a newly graduated student poised at the starting block.

Professional Mentoring of Doctoral Practicum Students:

An Emerging Supervisory Paradigm

A Discussion of the Presentation

Richard N. Shulik, Ph.D., A.B.P.P.

I am delighted to serve as a member of this panel, and I want to thank Dr. Stuart Tentoni for having invited my comments in reaction to his presentation. I also want to express my admiration of Ms. Thomas and Mr. McCrea, who have been very bold in their willingness to share some personal experiences with us, this morning, in regard to their training. I do have several reactions to the material that has been presented to us, and I want to share those reactions ith you. I will try to be brief, so that there is some time left for audience participation.

Let me begin by offering the impression that the paradigm of "mentoring" is, indeed, very good: I think that it is a worthwhile paradigm, and it is certainly one that merits further development. I believe that it can help supervisory psychologists formulate their work with students in a more humanistic manner. I also believe that the "mentoring" form of supervision that has been described here today can make the internship or practicum experience much more productive, and much less stressful, for the students, themselves, and that is an impression that is made very clearly by Ms. Thomas and Mr. McCrea, in particular. Let me add that I am very much attracted to the mentoring paradigm. When I think of myself functioning as a clinical supervisor, the "mentor," as he has been described here, is precisely the kind of supervisor that I would like to be. And when I think of myself as a graduate student in psychology, receiving clinical supervision (an experience that I have not had for approximately twenty years, at this point), or when I think of myself as someone who is, perhaps, going to go into an entirely new profession and who will need training in that profession, I think of a "mentor," as he has been described here, as the kind of supervisor or instructor that I would like to have.

Apart from those initial reactions, I do have some further reactions to the paradigm, and I want to share those with you as well. First and foremost, it is my impression that "mentoring," as it has been described this morning, is not new. Perhaps the way in which it has been formulated here is new, but nevertheless, mentoring is something that has been going on, I suspect, for a very long time.

I did feel that this morning's presentation "pulled me back in time," so to speak, to my own clinical psychology internship in a state psychiatric hospital in Massachusetts, approximately twenty years ago. During that internship period, I had a very interesting experience: I was assigned at one point to two supervisors, both of them being licensed Ph.D. psychologists. One of them was, indeed, a "mentor" in the full sense of the word, as it has been described here, whereas the other was the very antithesis of "mentoring." The latter was a supervisor whom I regarded as being authoritarian, sarcastic, and entirely non-supportive; indeed, I often felt as if he would do almost anything to prevent my entry into the profession of clinical psychology. (I should add that, indeed, I was very troubled by that supervisor, and I worried that perhaps he was responding to me in such a non-supportive manner because I did not deserve to be a psychologist, but by and by, the other supervisor - the one who was my "mentor" - told me to disregard the nasty fellow because there was something wrong with him and he was, indeed, offensive to all of his students.) I do not doubt that there are some of you, here in the audience, who have had similar experiences. Be that as it may, what interests me is the fact that my more supportive supervisor - the one who indeed became my friend and my "role model" - would not have used the word "mentor" in describing himself or his own work.

I first encountered the term, "mentor," used as a psychological term, in a very interesting book written in 1977 by Daniel Levinson, a professor of psychology at Yale University; the book was entitled, The Seasons of a Man's Life, and it may be a book that is known to some of you. In this book, Dr. Levinson and his colleagues set forth to discuss facets of personality development and career development as they occur during the adult years. The "mentor" was defined by Dr. Levinson as someone who may have a formal or an informal relationship with the developing young adult, in a number of possible contexts. I am tempted to read Dr. Levinson's definition of "mentor" to you, but I will not do so because it is four pages long. I did, incidentally, mention Dr. Levinson's book to Dr. Tentoni, who was then prompted to do a computerized word-search of the Psychological Abstracts for the years 1983 to 1991, based upon the word "mentor." Dr. Tentoni found thirty-one articles and papers dealing with "mentoring," most of these being publications that addressed the supervisory process. These papers are of interest, even though the term "mentor" is defined in different ways in some of these works.

There does appear, then, to be a small but growing literature that deals with this new paradigm of "mentoring" as an approach to supervision. My own hope is that it may continue to grow.

I do have one final reaction to this paradigm, and I want to present this reaction in the form of two questions. In fact, these two questions may focus upon some of the "rough edges" of the paradigm, or places in which the paradigm may need some further development. These are not questions for which I have answers. My first question: Assuming that I, as a clinical supervisor of graduate students, have decided that I want to be a better "mentor," how do I go about the task of developing or improving my mentoring skills? What is it that I need to do, to cast myself more in the form of that kind of supervisor? Is the development of that skill a function of my own personal development? Or is it a question of my needing the right kind of supervision of my supervision? (I ask this question quite seriously; no facetiousness is intended.) My second question: What does the "mentoring" paradigm of supervision offer for a graduate student who cannot be mentored, or who does not wish to pursue that kind of supervisory relationship? Implicit in the description of "mentoring," as it has been presented here, is a kind of intimacy, or an aspect of the supervisory relationship that goes "above and beyond" supervision as most of us have understood it until this time. However, I can envision situations in which a graduate student does not wish to develop that kind of intimacy with his or her supervisor; I can also envision situations in which a graduate student decides that he or she can work productively with the supervisor, even without taking that supervisor as a friend or a role model in the fullest sense of the term. What does Dr. Tentoni's paradigm say to us about that kind of supervisee? Again, these are questions for which I, myself, have no answers, but I present them for your consideration. And despite the fact that there are unanswered questions here, again, I say that I am very much attracted to the mentoring paradigm of supervision, and I very much hope that Dr. Tentoni, Ms. Thomas, Mr. McCrea, and others among us will be able to foster the further development of the paradigm for future use.

Thank you very much, and let me now surrender the floor to you, the audience.

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X Signature: Michael A. McCrea, M.S.	Position: Teaching Assistant
Printed Name: Michael A. McCrea, M.S.	Organization: Department of Psychology, University of Wisconsin-Milwaukee
Address: University of Wisconsin-Milwaukee Psychology Department, P.O.Box413 Milwaukee, Wisconsin 53201	Telephone Number: (414) 229-5521
	Date: 8 February 1993

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